

**Arizona Department of Agriculture (ADA)**

Central Licensing Section

1688 W. Adams

Phoenix, AZ 85007

Phone: (602) 542-0965 Fax: (602) 542-0466

For ADA/ASD Use Only

Date Received _____

(Cash) or Check # _____

Amount _____

Date Approved _____

Aquaculture Facility - Special License Application**Pursuant to (AAC R3-2-1002) Fee: \$10.00**

Application is hereby made for a license to operate as an Aquaculture Facility for educational and/or research purposes.

Applicant Information

Application Date: _____

Business Name: _____

Manager's Name: _____

Business Information**Mailing Address**

Name of Company: _____

Street Address: _____

City: _____ State _____ Zip _____

Company Contact: _____

Phone No: () _____ Fax: () _____

Physical Plant Address

Address: _____

City: _____ State _____ Zip _____

Legal Description if rural location: _____

Tax ID No: _____

Water sources, transmission, and conveyances: _____Method used to dispose of tailing waters and solid wastes: _____Number and size of ponds, raceways and tanks: _____Do you have hatchery facilities? ☐ YES ☐ NScientific name by GENUS and SPECIES, and COMMON NAME of aquatic ANIMALS and/or PLANTS you will be culturing, selling, or possessing: _____

(for additional space, use reverse side)

AGREEMENT AND CERTIFICATION: If license is granted, I/WE expressly agree to conform to the Arizona Revised Statutes, Title 3 and all rules promulgated by the Arizona Department of Agriculture thereunder. I/WE Certify that all statements made herein are true to the best of my/our knowledge. **WARNING:** Persons willfully making false, fictitious, or fraudulent statements or entries are subject to a fine of up to \$10,000.00 as prescribed by A.R.S. 13-2704.

(Please Print Name) Signature Date _____**FOR OFFICE USE ONLY:**APPROVED BY _____ Date _____
Signature